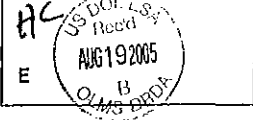


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 14036	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name JAMES CALHOUN P.O. Box, Bldg., Room No., if any P.O. BOX 100564 Street City ANCHORAGE State Alaska ZIP Code + 4 99510-0564	4. Name, file number, and address of labor organization. Name HERE LOCAL 878 Labor Organization File Number 001-758 P.O. Box, Building and Room Number, if any P.O. BOX 100564 Street City ANCHORAGE State Alaska ZIP Code + 4 99510-0564
5. Position in labor organization. BUSINESS REPRESENTATIVE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/10/2004

Date

(907) 272-6033

Telephone Number

Name of Person Filing JAMES CALHOUN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name AK HOTEL, RESTAURANT & CAMP EMPLOYEES TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. BOX 93870 Street City ANCHORAGE State Alaska ZIP Code + 4 99870-3870	9. Business deals with: <input checked="checked" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. TRUSTEE <hr/> 11.b. Approximate dollar value of such dealing. <hr/> 12.a. Nature of interest held or income received. 2004 IFEBP CONFERENCE REGISTRATION <hr/> 12.b. Amount. \$1,200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name AMALGAMATED BANK Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 60 SOUTH ROBLES AVE. City PASADENA State California ZIP Code + 4 91101	14.a. Nature of payment. DINNER MEETING 8/11/2004 <hr/> 14.b. Amount of payment. \$72
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="checked" type="checkbox"/> ?	

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name AK HOTEL, RESTAURANT & CAMP EMPLOYEES TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 93807

Street

City ANCHORAGE

State Alaska

ZIP Code + 4 99870-3870

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

2004 IFEBP CONFERENCE HOTEL DEPOSIT

12.b. Amount.

\$350

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name AK HOTEL, RESTAURANT & CAMP EMPLOYEES TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. BOX 93870 Street City ANCHORAGE State Alaska ZIP Code + 4 99870-3870	9. Business deals with: <input checked="checked" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. TRUSTEE
	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received. LUNCH CONNTCTED WITH TRUST MEETING 5/6/2004 12.b. Amount. \$28

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name AK HOTEL, RESTAURANT & CAMP EMPLOYEES TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 93870

Street

City ANCHORAGE

State Alaska ZIP Code + 4 99870-3870

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

LUNCH IN CONNECTION WITH TRUST MEETING 11/18/2004

12.b. Amount.

\$29

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name AK HOTEL, RESTAURANT & CAMP EMPLOYEES TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX

Street

City ANCHORAGE

State Alaska

ZIP Code + 4 99870-3870

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

2004 IFEBP CONFERENCE - ADVANCE FOR EXPENSES

12.b. Amount.

\$2,152

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name AMALGAMATED BANK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 60 SOUTH ROBLES AVE.

City PASADENA

State California ZIP Code + 4 91101

14.a. Nature of payment.

DINNER MEETING 8/14/04

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$69

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing JAMES CALHOUN	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name AK HOTEL, RESTAURANT & CAMP EMPLOYEES TRUST</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. BOX</p> <p>Street</p> <p>City ANCHORAGE</p> <p>State Alaska ZIP Code + 4 99870</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>TRUSTEE</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>REGISTRATION FEE FOR 2005 IFEBP TRUSTEE CONFERENCE</p> <hr/> <p>12.b. Amount. \$1,255</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name AK HOTEL, RESTAURANT & CAMP EMPLOYEES TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 93870

Street

City ANCHORAGE

State Alaska

ZIP Code + 4 99870-3870

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

HOTEL DEPOSIT FOR 2005 IFEBP TRUSTEE CONFERENCE

12.b. Amount.

\$350